

Chairman Elliott # AAB783  
Name and Prisoner/Booking Number  
NEW YORK STATE PRISON  
Place of Confinement  
P.O. BOX 290066 - R-7-110  
Mailing Address  
REPRESA, C.R.A. 95271-0006  
City, State, Zip Code

FILED

Jun 15, 2022

CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA

(Failure to notify the Court of your change of address may result in dismissal of this action.)

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF CALIFORNIA**

#AA3733}

Christopher Deshawn Elliott, )  
 (Full Name of Plaintiff)  
 Plaintiff, )  
 )  
 )  
 v. ) CASE NO. 2:22-cv-1040-KJN (PC)  
 ) (To be supplied by the Clerk)  
 (1) R. Ellers - C.D.C.R. Pace OFFicer )  
 (Full Name of Defendant)  
 (2) S. Leatherman - C.D.C.R. Pace OFFicer )  
 "Demand Jury Trial"  
 (3) A. Shearer - C.D.C.R. Pace OFFicer )  
 )  
 (4) K. McRae - C.D.C.R. Pace OFFicer )  
 Defendant(s) )  
 Check if there are additional Defendants and attach page J-A listing them )  

CIVIL RIGHTS COMPLAINT  
BY A PRISONER

Original Complaint  
 First Amended Complaint  
 Second Amended Complaint

#### A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

28 U.S.C. § 1343(a); 42 U.S.C. § 1983

28 U.S.C. § 1331; *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971).

Other:

2. Institution/city where violation occurred: U.S. Air Force Academy

B. DEFENDANTS

1. Name of first Defendant: R. Ehlers. The first Defendant is employed as: Peace Officer at CSP - SACRAMENTO. (Position and Title) (Institution)
2. Name of second Defendant: S. Leatherman. The second Defendant is employed as: Peace Officer at CSP - SACRAMENTO. (Position and Title) (Institution)
3. Name of third Defendant: A. Shear. The third Defendant is employed as: Peace Officer at CSP - SACRAMENTO. (Position and Title) (Institution)
4. Name of fourth Defendant: K. McKenna. The fourth Defendant is employed as: Peace Officer at CSP - SACRAMENTO. (Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner?  Yes  No
2. If yes, how many lawsuits have you filed? 0. Describe the previous lawsuits:
  - a. First prior lawsuit:
    1. Parties: \_\_\_\_\_ v. \_\_\_\_\_
    2. Court and case number: \_\_\_\_\_
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_
  - b. Second prior lawsuit:
    1. Parties: \_\_\_\_\_ v. \_\_\_\_\_
    2. Court and case number: \_\_\_\_\_
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_
  - c. Third prior lawsuit:
    1. Parties: \_\_\_\_\_ v. \_\_\_\_\_
    2. Court and case number: \_\_\_\_\_
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

## D. CAUSE OF ACTION

## CLAIM I

1. State the constitutional or other federal civil right that was violated: 8th Amendment

2. **Claim I.** Identify the issue involved. Check only one. State additional issues in separate claims.

Basic necessities       Mail       Access to the court       Medical care  
 Disciplinary proceedings       Property       Exercise of religion       Retaliation  
 Excessive force by an officer       Threat to safety       Other: \_\_\_\_\_

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

ON Thursday JANUARY 21, 2021 AT APPROXIMATELY 1259 hours. OFFICER R. EHLERS ESCORTED ME TO CELL#105 ON BLOCK-B8. I TOLD C/O-R.EHLERS THAT I HAD SAFETY CONCERN'S THAT I DIDNT WANT TO BE ON THE UNIT. OFFICER R.EHLERS WENT IN AND HAD RESTRAINTS TO PLACE ON ME. AS OFFICER K-MCKENNA MAINTAINED CONTROL OF THE TRIANGLE. OFFICER R.EHLERS "GRABBED" ME AND PUSH ME AS HARD AS HE COULD AND I FELL ON MY BACK. THEN OFFICER K-MCKENNA CALLED ME A NIGER. THEY KEPT ME IN A CAIRED CELL FOR A HOUR WHILE THEY WOULD "FEED" ME MY FOOD FOR DAYS. THEN THEY USED C/O-DEFENDANT CARRIWN TO "HAVE ME SIGN MISINFORMATION PAPER" JUST TO HAVE ME KICKED OUT TO A 6-P YARD OR 8-YARD TO BE KILLED. MY GRANDFATHER "DIE" LAST YEAR 2021 AND I WAS LEFT SOME MONEY, THE DEFENDANT'S WHO IS NAMED TOOK THE MONEY THEY HAD SOMEBODY IN Folsom mail Room TAKE THE PAY CHECK.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

C/O-R.EHLERS KNOCKED my "teeth" out my mouth  
I have PTSD now

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution?  Yes  No
- Did you submit a request for administrative relief on Claim I?  Yes  No
- Did you appeal your request for relief on Claim I to the highest level?  Yes  No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. Because C/O-R.EHLERS TELL ME HE WOULD KILL ME ALSO C/O-Q.HARRERA TOOK THE COPY'S OF THE 602'S

## CLAIM II

1. State the constitutional or other federal civil right that was violated: 8th Amendment

2. Claim II. Identify the issue involved. Check only one. State additional issues in separate claims.

<input type="checkbox"/> Basic necessities	<input checked="" type="checkbox"/> Mail	<input type="checkbox"/> Access to the court	<input type="checkbox"/> Medical care
<input type="checkbox"/> Disciplinary proceedings	<input type="checkbox"/> Property	<input type="checkbox"/> Exercise of religion	<input checked="" type="checkbox"/> Retaliation
<input type="checkbox"/> Excessive force by an officer	<input checked="" type="checkbox"/> Threat to safety	<input type="checkbox"/> Other: <u>8th Amendment</u>	

3. Supporting Facts. State as briefly as possible the FACTS supporting Claim II. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

Defendant - R. Ehrler, Defendant - K. mckown, Defendant - S. Leathem  
 Defendant - A. Shearer, They "filed" FAKE note up ~~the~~ PAPERWORK  
 To have me "killed" in the yard which is FEDERAL B-142  
 They They filed FAKE PAPERWORK IN THE "Court" AND ORDERED  
 To have me killed because they knew I would have to  
 work in the yard where the G.P. Trimmers are at.  
 That was last year 3rd Defendant - g. hellera also  
 is with them as well. Also all of the Defendant's  
 name is NAMED DEFENDANT - K. mckown, Defendant - S. Leathem,  
 Defendant - A. Shearer, Defendant - R. Ehrler, Defendant - m. p. t's  
 they were not "feeding" me my food. As well as Defendant.  
 manner, They kept me locked up in a CAPED CELL  
 ALL OF THE Defendant's did the same violations to me  
 per Penal Code. Defendant - manner was not letting none  
 of my mail go out to my family or to my family  
 Attorney. I am ASKING THAT ALL of my mail be sent to  
 The court's so you can see there is foul play going  
 on.

4. Injury. State how you were injured by the actions or inactions of the Defendant(s).

None

5. Administrative Remedies.

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution?  Yes  No
- Did you submit a request for administrative relief on Claim II?  Yes  No
- Did you appeal your request for relief on Claim II to the highest level?  Yes  No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. Because They TELL me if I do it, They were going to have me KILLED.

**CLAIM III**

1. State the constitutional or other federal civil right that was violated: 8<sup>th</sup> Amendment

2. Claim III. Identify the issue involved. Check only one. State additional issues in separate claims.

<input type="checkbox"/> Basic necessities	<input type="checkbox"/> Mail	<input type="checkbox"/> Access to the court	<input type="checkbox"/> Medical care
<input type="checkbox"/> Disciplinary proceedings	<input type="checkbox"/> Property	<input type="checkbox"/> Exercise of religion	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Excessive force by an officer	<input checked="" type="checkbox"/> Threat to safety	<input type="checkbox"/> Other: _____	

3. Supporting Facts. State as briefly as possible the FACTS supporting Claim III. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

Defendant - R. Ehlers, Defendant - Salazar, Defendant - A. Shearer  
Defendant - K. Mankin, They Told me They will have me  
killed AS WELL AS Defendant - Manner, Defendant - Pitt's

4. Injury. State how you were injured by the actions or inactions of the Defendant(s).

what they did gave me PTSD AND OTHER MENTAL  
HEALTH PROBLEMS

5. Administrative Remedies.

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution?  Yes  No
- Did you submit a request for administrative relief on Claim III?  Yes  No
- Did you appeal your request for relief on Claim III to the highest level?  Yes  No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. \_\_\_\_\_

If you assert more than three Claims, answer the questions listed above for each additional Claim on a separate page.

**E. REQUEST FOR RELIEF**

State the relief you are seeking:

I AM SEEKING PAIN I. SUFFERING, ALSO, IN PRISONMENT AND  
I WANT MY "MONEY" BACK, THAT THEM DEFENDANT'S WIFE  
IS NAME TOOK. THEY TOLD DEFENDANT S. Leatherman ~~Bar~~  
But he was not the ONLY ONE that had something to do  
With it. my family ALSO have copy's OF the PAY CHECK.  
That THE DEFENDANT'S TOOK

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 5.27.2022  
DATE

  
SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or  
other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

**ADDITIONAL PAGES**

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.

STATE OF CALIFORNIA  
**MEDICAL REPORT OF INJURY  
 OR UNUSUAL OCCURRENCE**  
 CDCR 7219 (Rev. 01/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 2

NAME OF INSTITUTION <b>CSP- SAC</b>	LOCATION OF EVALUATION <b>B4 dining</b>	DATE <b>1-21-21</b>		
REASON FOR REPORT <input checked="" type="checkbox"/> ALLEGATION <input type="checkbox"/> ON THE JOB INJURY <input type="checkbox"/> USE OF FORCE <input type="checkbox"/> INJURY <input type="checkbox"/> OTM RETURNS <input checked="" type="checkbox"/> UNUSUAL OCCURRENCE <input type="checkbox"/> PRE AD/SEG ADMISSION <input type="checkbox"/> R&R <input checked="" type="checkbox"/> OTHER <u>Resisting peace officer</u>				
NAME <b>ELLIOTT</b>	LAST <b>L</b>	FIRST <b>C</b>	CDCR NUMBER <b>AA3737</b>	PERNR/INST. ID # <b> </b>
VISITOR ID # (SOMS) <b>N/A</b>				
PLACE OF OCCURRENCE <b>B4 - dining</b>	DATE OF OCCURRENCE <b>1-21-21</b>	TIME OF OCCURRENCE <b>1259</b>	TIME SEEN <b>1503</b>	RN NOTIFIED TIME <b>N/A</b>
PHYSICIAN NOTIFIED TIME <b>N/A</b>				

BRIEF STATEMENT IN SUBJECT'S WORDS OF THE CIRCUMSTANCES OF THE INJURY OR UNUSUAL OCCURRENCE

I am suicidal I gotta go, I just got injury on my hand!!

INJURIES FOUND? YES / NO	
Abrasion/Scratch	1
Active Bleeding	2
Broken Bone	3
Bruise/Discolored Area	4
Burn	5
Dislocation	6
Dried Blood	7
Fresh Tumor	8
Cut/Acceration/Slash	9
Swellen Area	10
Pain	11
Protrusion	12
Puncture	13
Reddened Area	14
Skin Flap	15
Pre-Existing	16
Other	17
	18
Chemical Agent Exposure?	YES <input checked="" type="radio"/> NO <input type="radio"/>
Chem. Agent Exposure Area	EX
Decontaminated w/ Water?	YES <input checked="" type="radio"/> NO / REFUSED
Decontaminated w/ Air?	YES <input checked="" type="radio"/> NO / REFUSED
Self-decontamination Instructions given?	YES <input checked="" type="radio"/> NO <input type="radio"/>
Staff issued Exposure packet?	YES <input checked="" type="radio"/> NO <input type="radio"/>

Q 15 min. check times

Initial	1 <sup>st</sup> Check

  

2 <sup>nd</sup> Check	Final

TIME/DISPOSITION

REPORT COMPLETED BY TITLE (PRINT AND SIGN)

K. Jackson P.T.

K. Jackson P.T.

REASON FOR REPORT

ASSIGNMENT AREA

PSU3 / LTRH

CDCR

REPORT NO. IRTR161 - 12

INCIDENT REPORT PACKAGE

PAGE: 24

INCIDENT LOG NUMBER: 000000000017430

PROCESSED: 02/08/2021 06:34

REQUESTOR: L. Bales

ELECTRONIC DOCUMENT

DOCUMENT TYPE: Medical Report of Injury or Unusual Occurrence

TITLE: ELLIOTT CDCR 7219

PREPARED BY STAFF MEMBER INVOLVED: C. Pierce

PAGE NUMBER: 1

(If document file type is supported, document will start on the next page)